IPU

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TRANSMITTAL FORM  (to be used for all correspondence after initial fill  Total Number of Pages in This Submission	Filing Date First Named Inventor  Art Unit Examiner Name  Attorney Docket Number	10/674,426 10/1/2003 Nathaniel W. Diedrich et al. 2681 TBA 48-1003
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Remarks	After Allowance communication to Technology Center (TC)  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information
Firm or Individual name Patricia E. Hong (	Reg. No. 34,373)	EY, OR AGENT
Date May 21, 2004		

# CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Typed or printed name Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

In re Application of:	)
Nathaniel W. Diedrich et al.	)
Application No.: 10/674,426	) Group Art Unit: 2681
Filed: October 1, 2003	) Examiner: TBA
For: SYSTEM AND METHOD FOR MANAGING MOBILE COMMUNICATIONS	) ) ) Attorney Docket No: 48-1003

#### SUBMISSION OF SUPPLEMENTAL ADS AND REQUEST FOR UPDATED OFFICIAL FILING RECEIPT

Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Applicants submit the attached Supplemental ADS. This Supplemental ADS differs from the initial ADS in the correction of a typographical error in the title of the invention. Applicants respectfully request an updated Official Filing Receipt reflecting the title as given on the attached Supplemental ADS.

Respectfully submitted,

Plumsea Law Group, LLC

Dated: May 21, 2004

By: \_\_\_\_\_\_\_ Patricia E. Hor

Registration No. 34,373

Customer No. 36163



#### **Application Information**

Application number:: 10/674,426

Filing Date:: October 1, 2003

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: NONE

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: NO

Computer Readable Form (CRF)?:: NO

Number of copies of CRF::

Title:: SYSTEM AND METHOD FOR MANAGING

MOBILE COMMUNICATIONS

Attorney Docket Number:: 48-1003

Request for Early Publication?:: NO

Request for Non-Publication?:: NO

Suggested Drawing Figure:: Figure 3

Total Drawing Sheets:: 5

Small Entity?::

Latin name::

Variety denomination name::

Petition included?::

**Petition Type::** 

Licensed US Govt. Agency:: NO

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: NO

#### **Applicant Information**

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Primary Citizenship Country::

Status:: Full Capacity

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### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

# **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

## **Assignee Information**

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